

NOTICE OF INDEPENDENT REVIEW DECISION

September 25, 2002

RE: MDR Tracking #: M2-02-1016-01
IRO Certificate #: 4326

____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 36 year old male sustained a work-related injury on ____ when he picked up a box and twisted his back. An MRI revealed degeneration of L4-5 and L5-S1 and disc protrusion at both levels. The patient continues to complain of back pain despite conservative treatment. The treating physician recommended a lumbar discogram with post CT scan.

Requested Service(s)

Lumbar discogram with post CT scan

Decision

It has been determined that a lumbar discogram with post CT scan is not medically necessary.

Rationale/Basis for Decision

Based on the documentation submitted for review, discogram is not indicated in this situation. Repeated evaluations have revealed no neurological deficit. There is no indication that the patient is a candidate for spinal fusion and as such, is not a candidate for discogram. Furthermore, on 03/29/02, it was concluded that the patient's injury did not extend to degenerative disc disease. As discogram is a study proposed to provide information regarding pain generation in degenerative disc disease. Therefore, in the absence of degenerative disc disease, discogram with post CT scan is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,